MEMBER QUICK REFERENCE GUIDE
2024 PLAN YEAR

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Health insurance for the community where we live.

WELCOME TO ELEVATE HEALTH PLANS!

On behalf of Elevate Health Plans and Peak Health Alliance, we would like to welcome you to your health insurance plan for 2024. We know you will find many advantages to being a member of Elevate Health Plans, including personalized service and comprehensive health care benefits. Our members come first.

This Quick Reference Guide is filled with very important information on how to get the most out of your health plan. The following tips will help you navigate the process and take advantage of your benefits.

welcome

1 SCHEDULE AN APPOINTMENT TO ESTABLISH CARE IF YOU'RE NEW TO ELEVATE HEALTH PLANS, OR SCHEDULE YOUR PREVENTIVE CARE VISIT WITH YOUR PCP

Make sure you're up-to-date on your preventive care:

- Annual checkups
- Annual mental health wellness exam
- Immunizations
- Cancer screenings
- Prenatal visits
- Well-child visits
- Well-woman exams

MEMBER TIP:
When you visit your provider for an annual preventive exam, it is also a great time to talk to your provider about chronic issues such as high blood pressure, diabetes, etc. or any new health issues. You and your provider can develop a plan that supports your health and well-being and fits your lifestyle. Cost-sharing may apply if additional services such as an ultrasound, x-rays, bloodwork, etc. are needed.

Health Plan Services: 303-602-2090 or toll-free at 1-855-823-8872

2 ACCESS TO CARE

Receive in-person care, including mental health care, from local providers. Elevate Health Plans has built a strong provider network so that you can receive care when and where it's convenient to YOU. You can find provider information by reviewing the Provider Directory online, or by calling Health Plan Services at 303-602-2090. Visit **ElevateHealthPlans.org** and click on "Find a Provider". Filter by provider: (1) Name, gender or location; (2) Network affiliation; (3) Specialty; (4) Languages spoken; and more.

3 LOG IN TO OUR MEMBER PORTAL

Register for our member portal, your go-to resource for managing your health insurance plan any place, any time. With it, you can access important information, and your member materials (including ID cards), communicate with your health plan, check claim status and more – all from your desktop, tablet or smartphone. Scan the QR code below to get started!

SIGN-UP TODAY:

Visit ElevateHealthPlans.org and click on 'MyDHMP Portal' or download the 'MyDHMP Portal' mobile app for iPhone and Android devices!

Download on the **App Store**

GET IT ON **Google play**

SCAN ME

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PHARMACY PORTAL

Elevate Health Plans has an online Pharmacy Portal where you can log in to view your pharmacy claims, print tax documents, use search tools to find a pharmacy or check the price of a drug and get information on drug side effects. Visit **ElevateHealthPlans.org**, navigate to your member page and click on "Discounted Pharmacy".

5

MYSTRENGTH™ SUPPORT

myStrength is an evidence-based, self-management tool to help manage emotional well-being and motivation. Visit **App.myStrength.com/Signup** or access myStrength on your mobile phone by downloading the myStrength app for IOS or Android. Enter this access code for your health plan: **DHMPelevate**, then complete the sign-up process.

Health Plan Services: 303-602-2090 or toll-free at 1-855-823-8872

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ELEVATE MIND MENTAL HEALTH SERVICES

In addition to our robust network of in-person mental health providers (some of whom also offer virtual visits), we offer Elevate Mind, a virtual mental health service available to you 24/7; no referral necessary. This is an easy, fast option to get the mental health care you need. Simply visit **ElevateMind.org**, download the Elevate Mind mobile app or scan the QR code below, then select a provider to connect. Therapists are U.S. trained and board-certified; available by video or phone. Copays will apply.
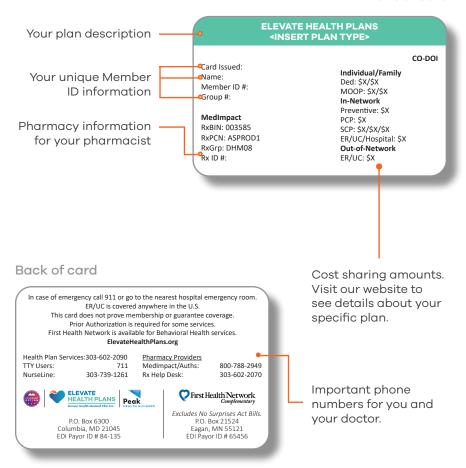

SCAN ME

ELEVATE MIND

MEMBER TIP:
Telehealth services are a covered benefit. Telehealth can be used for many services like PCP visits, some specialist visits, behavioral health services and more. Telehealth copays and cost-sharing work just like an in-person visit to your provider. There is no additional fee to use telehealth services.

YOUR ELEVATE HEALTH PLANS MEMBER IDENTIFICATION CARD

You, and each member of your family on this plan, will receive a Member Identification (ID) card upon enrollment. The ID card lists the most common services. You will need to have this card with you when accessing care. If you have misplaced it, log into the Member Portal to request or print a new one, or call Health Plan Services at 303-602-2090 for a replacement card.

Front of card

Your plan description

ELEVATE HEALTH PLANS
<INSERT PLAN TYPE>

CO-DOI

Your unique Member ID information

Card Issued:
Name:
Member ID #:
Group #:

Individual/Family
Ded: $X/$X
MOOP: $X/$X
In-Network
Preventive: $X
PCP: $X
SCP: $X/$X/$X
ER/UC/Hospital: $X
Out-of-Network
ER/UC: $X

Pharmacy information for your pharmacist

MedImpact
RxBIN: 003585
RxPCN: ASPROD1
RxGrp: DHM08
Rx ID #:

Cost sharing amounts. Visit our website to see details about your specific plan.

Back of card

In case of emergency call 911 or go to the nearest hospital emergency room.
ER/UC is covered anywhere in the U.S.
This card does not prove membership or guarantee coverage.
Prior Authorization is required for some services.
First Health Network is available for Behavioral Health services.
ElevateHealthPlans.org

Health Plan Services:303-602-2090
TTY Users: 711
NurseLine: 303-739-1261

Pharmacy Providers
MedImpact/Auths: 800-788-2949
Rx Help Desk: 303-602-2070

ELEVATE HEALTH PLANS
Denver Health Medical Plan Inc.

Peak
HEALTH ALLIANCE

First Health Network
Complementary

Excludes No Surprises Act Bills.

P.O. Box 6300
Columbia, MD 21045
EDI Payor ID # 84-135

P.O. Box 21524
Eagan, MN 55121
EDI Payor ID # 65456

Important phone numbers for you and your doctor.

HEALTH INSURANCE 101: SIMPLE LANGUAGE

MONTHLY PREMIUM:
Monthly charge to a subscriber for medical benefit coverage for the subscriber and their eligible, enrolled dependents.

OUT-OF-POCKET COSTS:
What you pay for medical expenses that aren't paid by your health insurance plan. Your out-of-pocket costs include deductibles, copays and coinsurance for health care services. In other words, any costs you personally pay for covered medical or pharmacy services.

BILLED AMOUNT:
This is what the provider bills to the insurance plan for a service you received. These are the full charges and the discount Elevate Health Plans negotiated has not been applied yet.

ALLOWED AMOUNT:
Elevate Health Plans negotiates a discount with each provider in our network. You have the advantage of this discount (allowed amount) and will never pay more than this negotiated price.

EMBEDDED DEDUCTIBLE PLAN:
In an embedded deductible plan, cost sharing for a member will begin when that member reaches their individual deductible, or when a combination of members reaches the family deductible. This means that a member will start to pay copays and/or coinsurance for the remainder of the plan year or until the individual out-of-pocket maximum is met. Once the individual reaches their out-of-pocket maximum, then the plan will pay 100% of covered services for that member for the remainder of the plan year.

Note: an individual who meets their individual deductible will initiate cost sharing with the plan prior to other members on the plan.

COINSURANCE:
This is the charge, stated as a percentage of eligible expenses, that you are required to pay for certain covered health services.

OUT-OF-POCKET MAXIMUM:
The maximum amount you will have to pay for allowable covered expenses under a health plan. The specific deductibles or cost sharing included in the out-of-pocket maximum may vary by policy.

PHARMACY BENEFITS

WHERE YOU CAN FILL YOUR PRESCRIPTION

You can fill your prescription at one of thousands of contracted pharmacies nationwide including King Soopers, Safeway, Target, Walgreens and more. Visit **DenverHealthMedicalPlan.org/Current-Members/Elevate-Exchange/Exchange-Pharmacy** to create a Pharmacy Portal account where you can find nearby pharmacy locations.

WE PASS THE SAVINGS ON TO YOU

Elevate Health Plans will never charge you more than your copay and, if the pharmacy submits a cost less than your copay, that savings is passed on to you. Example: If your copay is $8 and the pharmacy submits a cost of $10, you will pay $8. However, if your copay is $8 and the pharmacy submits a cost of $6, you will only pay $6.

HOW TO SAVE MONEY ON PRESCRIPTIONS

Ask your provider for a 90-day supply; the cost of a 90-day supply is less than getting a 30-day supply each month.

» 90-day supplies can also be sent to your home through the mail using the plan's Mail Order Pharmacy. Visit **DenverHealthMedicalPlan.org/Current-Members/Elevate-Exchange/Exchange-Pharmacy** to sign up for the Mail Order Pharmacy.

SPECIALTY DRUGS

» If you fill prescriptions written by a specialist provider such as an infectious disease specialist, rheumatologist, neurologist or oncologist, you may have specialty drugs.

» Specialty drugs can only be filled at the preferred specialty pharmacies chosen by Elevate Health Plans or at a Denver Health pharmacy.

» Most specialty drugs can only be filled for a 30-day supply, even if they are sent to your home in the mail.

VISIT ELEVATEHEALTHPLANS.ORG FOR:

» Mail order information

» The Formulary and Pharmaceutical Management Procedures, which contain:

- A list of covered pharmaceuticals (i.e., the drug formulary)

- An explanation of limits on refills, doses or prescriptions

- Pharmaceuticals that require Prior Authorization (PA)

- Use of generic substitution, therapeutic interchange and step-therapy protocols

- An explanation of how to start a PA (i.e., exception request) and what information must be provided

- The list of drugs that are excluded from coverage

- Procedures that affect coverage of pharmaceuticals

- The copayment structure for restricted pharmaceuticals

» Access to the Pharmacy Portal

UTILIZATION MANAGEMENT/ PRIOR AUTHORIZATION PROCESS

Elevate Health Plans uses key Utilization Management (UM) procedures including, but not limited to: (1) Preservice review; (2) Urgent concurrent review; (3) Postservice review; and (4) Filing an appeal. Prior Authorization (PA) may be required for some services. Please refer to the PA list on our website at: **DenverHealthMedicalPlan.org/Medical-Prior-Authorization-List** For questions regarding PA, please call Health Plan Services at 303-602-2090. TTY users call 711.

CARE MANAGEMENT

For information on our Care Management programs, call our Care Management Department at 303-602-2184.

QUALITY IMPROVEMENT PROGRAM

Elevate Health Plans continually strives to improve the quality of care and service to members by ongoing monitoring of services. Please visit: **DenverHealthMedicalPlan.org/Quality-Improvement-Program** to learn more about our programs such as goals, processes, outcomes and specific measurements.

WHERE TO LOCATE IMPORTANT PLAN INFORMATION

The following resources are located in the member handbook online at: **ElevateHealthPlans.org**

» Benefits and services included in, and excluded from, coverage

» Benefit restrictions that apply to services obtained outside the health insurance plan's system or service area

» Copayments and other charges for which you are responsible

» How the health insurance plan evaluates new technology for inclusion as a covered benefit

» How to appeal a decision that adversely affects coverage, benefits or your relationship with the health insurance plan

» How to obtain care and coverage when you are out of the health plan's service area, including information on covered and noncovered benefits

» How to submit a claim for covered services, if applicable

» How to submit a complaint, both orally and in writing

» Member Rights and Responsibilities

» Protected Health Information (PHI) Use and Disclosure, including:

- Elevate Health Plans's routine use and disclosures of PHI

- Use of authorizations to approve the release of information

- Access to medical records and PHI

- Protection of oral, written and electronic information across the health insurance plan

- Protection of information disclosed to health insurance plan sponsors or employers

» Pharmacy benefits and pharmaceutical management procedures

If you do not have access to the internet, fax or email, please contact Health Plan Services at 303-602-2090 to request a mailed copy of your plan information.

LANGUAGE ASSISTANCE

We're here to help all members regardless of any language barriers that may exist. We offer translation services, bilingual staff and interpretation professionals to help members obtain information about benefits, access to medical services and more. Elevate Health Plans contracts with certified translation services to provide translation assistance at no cost to our plan members. Some documents can also be translated upon request. To request language services at any point during an interaction, contact Health Plan Services at 303-602-2090 or toll-free at 1-855-823-8872. TTY users call 711.

COORDINATION OF BENEFITS

You must tell Elevate Health Plans if you are covered by more than one health insurance plan. This helps us know which plan should pay your claims first and which should pay second. If this applies to you, please fill out the form found online at: **DenverHealthMedicalPlan.org/Coordination-Benefits** and send it back using the instructions listed, or call Health Plan Services at 303-602-2090 with questions.

HOW ARE WE DOING?

Our loyal members, like you, are important to us and we value your opinion. Tell us about your latest experience or something you love about your medical plan.

Your feedback will help us continue to improve our health plans and help others like you find us and get the most out of their health benefits. Visit **DenverHealthMedicalPlan.org/Member-Reviews** or scan the QR code below.

SCAN ME

Health insurance for the community where we live.

777 Bannock St., MC 6000
Denver, CO 80204

CONTACT US:

Health Plan Services: 303-602-2090
Toll-Free: 1-855-823-8872
TTY: 711
ElevateHealthPlans.org